

## Appendix 1

### Update

Members were provided in advance of the Task and Finish an update presentation.

The provided Members with a summary of the following themes,

- Model of Care
- Priorities for the final year of the programme
- Spotlight on Wirral
- Wirral Community Alliance
- Progress - national benchmarking
- Reducing inequalities - national/local

As part of this presentation, Members were also informed of the progression of the Cheshire and Wirral Partnership Mental Health transformation in line with the NHSE Roadmap and the Long-Term Plan. This includes the following,

- Continued development of the Community Alliance in Wirral and utilisation of the Community Asset Fund
- Reconfiguration of Wirral Single Point of Access (SPA) to offer triage, assessment and formulation with brief interventions where indicated.
- Design work being undertaken to establish to establish a single community mental health referral pathway incorporating IAPT and Secondary Care.
- Reconfiguration of Community Mental Health Teams to align to identified PCNs.
- Develop CMHT Senior Leadership Teams for each of the 7PCN's in Wirral
- The SLT's will offer bimonthly face to face meetings with each GP Practice within the PCN with the purpose of open, collaborative discussions regarding any patients GPs have concerns about who are currently under the care of secondary services.
- Develop 2 direct telephone lines and pilot on Early Adopter PCNs in Wirral.
- Mental health advice: GPs will be able to telephone and book a telephone consultation with either a Non-Medical Prescriber in CWP or Consultant Psychiatrist for PCN. This will be available Mon-Fri 9am/5pm
- Urgent Triage: GPs will be able to discuss patients about whom they are considering referring to Wirral Single Point of Access (SPA) and who they think require an urgent response. This will be available Mon-Fri 9am/5pm

## Summary of discussion

The Chair reminded Members that the Task and Finish had been agreed in response to members concerns about the original committee report. It was noted that the Mental Health Transformation had been put in place share resources and social prescribing.

Members in attendance were reminded that in 2022 there was a consultation undertaken which shaped the transformation. Members were keen to understand if individual organisations and the Community Faith Sector were now included in the new structure and if it was improving things for the better.

Members were keen for assurance that the transformation would be community driven and were informed that alliance in Wirral is thriving, with contacts in place. Going forward, officers have ensured that there are key deliverables within contracts and are ensuring that pathways and services are strengthened and robust, with seamless transitions.

In terms of the implementation plan, consideration has been given to ensuring that information is out there, and every services place is mapped out and visible. Emphasis is placed on making the offer accessible as possible, ensuring a smooth pathway for service users accessing the service.

It was noted that it can sometimes be difficult for people to take the first step accessing services, so a smooth service is essential, and some Members had received negative feedback regarding certain services. It was agreed that feedback should be triangulated, and some services are still better than others.

Members of the Task and Finish group also sought assurances due to the reduction in Community Psychiatric Nursing and the fact that Mental Health Services are one of the few clinical need patients present with, which can't be referred directly to a consultant – therefore Members of the task and finish did not feel that services were adequate still. Issues were noted around services for Postnatal Depression services and support from Health Visitors Attention Deficit Hyperactivity Disorder (ADHD) services for Children was also flagged as a concern.

Members did acknowledge that the Cheshire Wirral Partnership had been tasked with a very difficult task and Mental Health Services are nationally, in a very difficult situation. It was recognised that Community Mental Health teams are more distant from primary care and that this needed realigning with Community Psychiatric Nursing and relationships reinforced. It was agreed that information sharing and alignment of services was of absolute importance, as well as knowing who is on those teams and improving how we can do that collectively. Members of the Task and Finish requested that this be a priority with the Senior Leadership Team.

Members were assured that regular, informal consultation was still being undertaken with people who have lived experience of Mental Health services and that the model will continue to be refined based on feedback. It was also noted that given the wide variance of Mental Health conditions, services now need to be wider than the traditional Community Psychiatric Nursing Model this involves collective problem solving and also growing the workforce around requirements.

Members were assured that there is now a single point of access in Wirral which involves an initial triage. However, it was noted that the access team are stretched, and this is being improved as a priority.

**Members also submitted the following questions to officers for a response at the time of the enquiry.**

<p><b>1</b></p>	<p><b>Early detection of postnatal depression</b></p>	<p>The Perinatal Mental Health Team now have Specialist Health Visitors in post who are developing pathways with the 0-19 Starting Well Service and have provided training to the 0-19 Practitioners in respect of perinatal mental health, including post-natal depression (PND). The Perinatal Service is also working towards Specialist Health Visitors offering consultations to 0-19 practitioners to support early detection and interventions.</p> <p>The Perinatal Mental Health Team now also have Parent Infant Practitioners (equivalent of Community Nursery Nurses) who, under supervision of the Specialist Health Visitors provide low level interventions with women focusing on mother/baby relationship which will have a positive impact on PND and other mental health conditions.</p> <p>Antenatal groups have been piloted and will be further rolled out across places to support early detection and intervention in relation to perinatal mental health issues - e.g. - PND.</p> <p>A bid has been submitted to NHS England for funding for additional non-medical prescribers (NMPs) for the team. The aim for the additional NMPs is to link in with other mental health teams to extend the perinatal mental health team's reach to women of childbearing age who may be considering pregnancy and offer pre-conception advice and support around medication etc. This is also aimed at keeping women well in the perinatal period and being proactive rather than reactive.</p>
<p><b>2</b></p>	<p>CPNs in the community</p>	<p>Community Mental Health Services in Wirral are multidisciplinary teams (MDT) with a broad set of skills to enable the provision of a wide range of interventions to support people with their identified health and social needs. All members of the MDT, including registered nurses, can undertake a key worker role and be responsible for coordinating care and support for individuals. Currently we have 18 whole time vacancies across the community mental health teams of which 10 of these are related to nursing posts.</p>

		<p>There is an open offer for any elected member who would like to come and spend some time with any of the teams to understand their role and function and how they interface with other elements of the mental health pathway and health and social care system.</p>
<b>3</b>	SMI registers who is accountable.	<p>GP Practices are accountable for the primary care serious mental illness (SMI) registers however, CWP is able to work with practices and Primary Care Networks (PCNs) to review SMI registers and ensure eligible individuals receiving support from specialist mental health services are included on registers.</p>
<b>4</b>	Consultant based Mental health service	<p>As part of the Community Mental Health Transformation plans, each PCN will have an identified and named senior clinical leadership team comprising of an Adult Psychiatrist, Older Adult Psychiatrist, Clinical Lead from the community mental health team (CMHT), Clinical Lead from the Access Service and Senior Psychologist.</p> <p>This Senior Clinical Leadership Team will visit each practice in their identified PCN on a bi-monthly basis and be contactable in-between times.</p> <p>The first pilot is starting with Healthier South Wirral PCN in June 2023. We will also be trialling an urgent referral telephone line and bookable mental health advice sessions for GPs to utilise.</p> <p>The new PCN Lead Mental Health Practitioner posts will also be a part of this enhanced community offer to PCNs and their patients.</p>
<b>5</b>	Responsive and effective EMI service for Nursing homes and Residential homes in the community	<p>The Older Adult Community Mental Health teams provide support to individuals with severe and complex mental health needs who reside in residential or nursing home settings. The teams undertake a full health and social care assessment for individuals that are referred to them and liaise with carers and referrers. Various assessments including Care Act assessments, Nursing Needs assessments, Mental Health assessment/review and Continuing Healthcare assessments are completed as required by staff.</p> <p>Support is also provided to staff within the care home settings to formulate care plans to be able to meet an individual's needs. In addition, as part of the Urgent and Emergency care workstream CWP is working alongside partners across Wirral to explore attendance avoidance into emergency departments (ED) for people who can be supported in their existing environments,</p>

		including care homes.
<b>6</b>	Dementia care in the community	<p>WMAS (Wirral Memory Assessment Service) assess, diagnose and provide appropriate interventions for people with dementia and mild cognitive impairment, including carer support and initiation of medication, until a patient is eligible for discharge into the shared care arrangement with primary care.</p> <p>The service works very closely with Age UK Dementia Nurses and link in with voluntary, community, faith and social enterprise (VCSFE) services across Wirral. Where clinically indicated, WMAS can refer to CMHT for support with any ongoing care and treatment needs. The ethos of the service is to provide dementia care for people in the community setting and to ensure appropriate links with wider community networks.</p>
<b>7</b>	Mental health workers in the community interacting with CPNs, consultants and GPs.	<p>Primary Care Network Lead Mental Health Practitioners have been recruited in Moreton &amp; Meols PCN (1 practitioner) and Brighter Birkenhead PCN (2 practitioners) with additional posts currently out to advert for Healthier South Wirral PCN and Healthier West Wirral PCN.</p> <p>These additional posts are a bridge between PCNs and Community Mental Health Teams. They provide an extra, highly experienced level of mental health provision to the primary care network who will act as a conduit and expert for mental health within the PCN. These are ongoing developmental posts. Further discussions with other PCNs are ongoing regarding the development of these roles.</p>
<b>8</b>	Proper Health visiting service.	The Health Visiting service in Wirral is provided by Wirral Community Health and Care NHS Foundation Trust.
<b>9</b>	Appropriate service for patients who are self-harming.	<p>The CWP Trustwide Suicide, Prevention and Intervention Group is leading on a self-harm pathway which will inform evidence-based practice across the Trust. Additionally, within the CMHT's, the Cheshire and Merseyside Self-Harm Practice Guide will be utilised once finalised to ensure continuity of care across the region.</p> <p>Training and awareness raising is provided for staff by Harmless, a national organisation specialising in Suicide and Self harm. People receiving treatment from CMHTs who are self-harming are also able to access specific psychological interventions. This is further supported by the provision of supervision and consultation for the wider team.</p> <p>The Complex Needs Service (CNS) provides evidence-based treatment for people with highly complex needs, which can include self-harm/ suicidality and/or risk to others. The CNS also aims to improve the existing experience of care for those with less</p>

		<p>complex needs, with in-built flexibility to 'step up' and 'step down' care according to need and circumstance.</p> <p>The CNS supports the upskilling of professionals in other teams, including CMHT's in relation to personality disorders (which can present with self-harm) to ensure individuals receive support appropriate to their needs and increase the availability of NICE compliant interventions for complex emotional difficulties.</p>
<b>10</b>	How are we supporting people from BAME backgrounds to access MH services	<p>CWP mental health services are open to individuals from all ethnic backgrounds. It is acknowledged that individuals from some ethnic backgrounds may find it more difficult to access mental health services and we work with our partners within localities to try and improve access and engagement for example, Heart 4 Refugees CIC are part of the community mental health alliance in Wirral who specifically support asylum seekers and refugees to improve mental health outcomes.</p>
<b>11</b>	In terms of emergencies, could I access a specialist mental health bed if I needed it?	<p>For people assessed as requiring acute care provision there are a number of options for specialist inpatient care. As an organisation, we will always look to take the approach that is the least restrictive for the person and their support network. This may include access to local crisis beds which offer a less clinical setting away from home for people during crisis. CWP has recently increased the number of these beds across Wirral.</p> <p>Individuals assessed as requiring an inpatient mental health bed are supported to access this as soon as possible with additional support provided from community and first response services as required whilst a suitable bed is identified.</p> <p>CWP, like many other mental health providers has been experiencing significant pressures within acute inpatient mental health care. When these bed pressures occur, our first priority is always to ensure that people are safe. We assess each person's clinical need and will work with trusted and regulated partners to find suitable alternatives if a bed is not available within our local delivery footprint.</p> <p>Transformation of specialist community mental health services in line with the aims of the NHS Long Term Plan. Continuing to invest in our workforce to provide opportunities for career development, growth and new skills.</p>
<b>12</b>	Over the past year how many Wirral patients	<p>CWP is committed to providing local specialist acute mental health care with a good patient experience for everyone who needs it.</p>

have had to wait for a bed?  
How many patient days have been spent waiting in A&E or on a ward at Arrowe Park?

Prior to the pandemic, CWP had a very low track record of requiring out of area placements and have a proactive plan to return to this position. This includes:

- Working with local system partners and providers, such as social care and housing to reduce rising length of stay at our units and ensure that support is available in the community to enable supported discharges and improve flow;
- Increasing surge capacity and working closely with the Northwest Bed Bureau to respond to increased demand;
- Launching innovative new services including, a new Mental Health Intensive Support Team to provide targeted rehabilitation support to people with complex needs, a new 'First Response' Service to ensure people receive timely intervention when experiencing crisis and four 'crisis cafes' across Cheshire and Wirral;

The below chart provides an indication of the waiting figures for 22-23.

MONTH	WIRRAL PTS WAITING FOR A BED	TOTAL PT DAYS SPENT IN BOTH A&E AND APH WARDS	AVG HOURS WATING FOR A BED	WIRRAL PTS GONE OOA
Apr-22	51	48	38	12
May-22	52	25	23	5
Jun-22	41	27	21	7
Jul-22	42	17	17	3
Aug-22	34	38	31	6
Sep-22	42	15.5	18	2
Oct-22	53	14	27	7
Nov-22	53	46	35	9
Dec-22	41	28.5	29	1
Jan-23	53	39.5	31	9
Feb-23	34	47	47	11
Mar-23	46	70	63	13
Apr-23	44	68	30	15

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What conditions are they waiting in? Has there been any incidents occurring as a result?

As is the case nationally, some people do unfortunately experience waits for periods of time in Emergency Departments(EDs) and these individuals are often experiencing a mental health crisis.

CWP works closely with ED teams to support people while they are waiting to be transferred to a mental health bed. Individuals are supported within the ED department by liaison staff and support staff in addition to the staff from the ED. To further reduce the likelihood of incidents, CWP is piloting a new project with charity ISL who can offer in-reach non-clinical support to people waiting in ED to relieve pressure on clinical staff.

On occasions some patients have been admitted to a general acute bed whilst waiting for a mental health admission and CWP have worked in collaboration with colleagues in WUTH to minimise any delays as far as possible.

Within Wirral we do not have an alternative place of safety other than ED. We have developed a business for the development of a

		mental health urgent response centre however as this point in time we do not have any capital funding.
<b>14</b>	How many Wirral patients have had to go out of area? To where?	Please see information above.
<b>15</b>	How much money is being spent on private providers?	The cost of out of area bed days and associated transport costs for patients registered with a Wirral GP for 2022/23 is circa £2m. It should be noted that these costs have been funded by CWP. The average cost of a bed in the independent sector can range from £650 to £900 per night.
<b>16</b>	In terms of the police - is it normal practice in England for police to take patients to A&E as a place of safety (absolutely not-see CQC survey, health-based places of safety - normally in mental health facility)	<p>Under the Mental Health Act a place of safety may be:</p> <ul style="list-style-type: none"> <li>• a residential accommodation provided by a local social services authority under Part III of the National Assistance Act 1948;</li> <li>• a hospital as defined by the Mental Health Act 1983 as amended by the Mental Health Act 2007;</li> <li>• an independent hospital or Care Home for mentally disordered persons or</li> <li>• any other suitable place.</li> </ul> <p>A lot of areas across the country have designated places of safety that are not located in ED departments and have been specifically designed to support individuals within a mental health crisis.</p> <p>CWP is working with system partners to develop a mental health Urgent Response Centre and a business case has being developed for an Urgent Response Centre for Wirral which will require capital funding from NHS England/Cheshire and Merseyside ICS to be enabled.</p>
<b>17</b>	What does the mental health act code of practice suggest? How much money is being spent on private providers to prop up the use of A&E as a place of safety? If we use A&E do the mental health assessment	<p>See above.</p> <p>There has been increasing pressure in Emergency Departments. CWP has launched the 'First Response Service' which brings together all crisis support services under one umbrella in order to be more flexible to patient need. As part of this CWP is working to triage people differently so ideally, they get the same assessment in the community- ideally at home.</p> <p>As above, CWP has also partnered with ISL (community provider of care) to provide dedicated support to individuals with mental health needs in Emergency Departments whilst they are awaiting further intervention or transfer. This enables individuals to access support and intervention from mental health support workers in response to their mental health needs within the acute hospital</p>

	rooms not get overcrowded?	environment in addition to support from ED or acute trust staff.
<b>18</b>	Whilst wonderful things how is a telephone crisis line/charity going to help a patient who needs a specialist mental health bed?	<p>As part of the First Response Service, if the Mental Health Practitioner who undertakes the assessment on the phone feels that someone may need admission, they can arrange visit from the Home Treatment Team. The Home Treatment Team gatekeep access to inpatient beds and can undertake an appropriate assessment and support an admission if that is required.</p> <p>The crisis line and local crisis alternative services such as the crisis café Companeros have provided alternative provision for people who do not require admission who previously would have attended A&amp;E in self-defined crisis. Companeros also provide a non-clinical recovery offer and signposting to support with housing, benefits etc.</p>
<b>19</b>	Where did the staff come from to work on the crisis line? Is there a shortage of staff on inpatient units?	<p>Staff who work on the Crisis Line were appointed from a number of different areas. Some were external to the Trust; others were promoted into the jobs and had worked on inpatient services in the past and some were promoted from within previous crisis (First Response) Services.</p> <p>Nationally there are significant workforce pressures across mental health services and at CWP we are experiencing challenges in recruiting professionally registered staff from all professional backgrounds across our mental health services, including inpatient areas. We are working proactively to attract, recruit and retain staff to reduce our current vacancies and utilising a range of opportunities to develop new roles to support longer term sustainability.</p>
<b>20</b>	Is there an independent satisfaction survey of GPs?	<p>There is ongoing engagement with GPs, although not specifically in the form of a satisfaction survey.</p> <p>Staff engage on a daily basis with GPs and surgery staff. Part of the Community Mental Health Transformation has included the development of the new ARRS (additional role reimbursement scheme) Primary Care Network Mental Health Lead Practitioner roles. Three Wirral PCNs now have this role within their PCN so a senior mental health practitioner is embedded in the PCN to help improve communication and improve joined up working.</p> <p>As part of the Community Mental Health Transformation, over 1000 people have been engaged via online sessions, face to face events and informal feedback. Attendees included GPs, physical health professionals, social workers, charities as well as people accessing services and their carers.</p> <p>In addition, in October 2022 there was a PCN event where all Wirral PCNs were invited to in relation to supporting is to shape the community mental health transformation. Feedback from the engagement activity is available to view at</p>

		<a href="http://www.cwp.nhs.uk/alliance">www.cwp.nhs.uk/alliance</a> .
<b>21</b>	What did GPs say was good about services?	<p>To roll out the new ways of working in Community Mental Health Teams (in line with the NHS Long Term Plan), the first Wirral PCN is Healthier South Wirral PCN. We have held a number of face-to-face design sessions with one of the GPs from that PCN, and other PCN staff as well as having Lived Experience Advisors.</p> <p>Feedback from the wider engagement activity is also available to view at <a href="http://www.cwp.nhs.uk/alliance">www.cwp.nhs.uk/alliance</a>.</p>
<b>22</b>	What did GPs say were the problems?	<p>We have been asked if we can do a 'Consultant Connects' offer for mental health, to mirror a system in place that there is if you want to speak to a consultant within physical health services. This is currently something we are going to trial.</p> <p>Feedback from the wider engagement activity is also available to view at <a href="http://www.cwp.nhs.uk/alliance">www.cwp.nhs.uk/alliance</a>.</p>
<b>23</b>	How many people from outside of CWP were engaged with about the community transformation programme?	<p>Engagement, co design and co-production have been the bedrock of the Community Mental Health transformation. A co-produced film (narrated by a Lived Experience Advisor) sets out the principles of the programme and can be watched at <a href="http://www.cwp.nhs.uk/alliance">www.cwp.nhs.uk/alliance</a>.</p> <p>As part of the Community Mental Health Transformation, over 1000 people have been engaged via online sessions, face to face events and informal feedback. Attendees included GPs, physical health professionals, social workers, charities as well as people accessing services and their carers.</p> <p>The Transformation has led the formation of the Cheshire and Wirral Community Wellbeing Alliance. Cheshire and Wirral Partnership NHS Foundation Trust (CWP) is the host organisation for the Alliance and wider NHS partners, local authorities, charities and organisations from the voluntary, community and social enterprise sector have all signed up to deliver new and joined up ways to support people with complex mental health needs, in line with the aspirations of the NHS Long Term Plan.</p> <p>In Wirral, part of this work has been to bring together Voluntary, Community, Faith &amp; Social Enterprise Sector with a focus on Mental Health. By coming together, organisations have already found that they are able to use their collective resources more efficiently, reduce any potential duplication and broaden the non-clinical mental health offer.</p> <p>A key part of the Alliance is people bringing their own or family's lived experiences to help inform developments. Through an innovative partnership with Rethink Mental Illness, the Alliance appointed Lived Experience Advisors from across Cheshire and Wirral to be the voice of patients and partners in this work. Lived</p>

		<p>Experience Advisors have supported the development of a programme brand, advised on pathway development, chaired workstream meetings and supported community events amongst other activities. We have also undertaken a Primary Care Network event, as discussed above in question 20.</p>
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Further information was requested, and members of the Task and Finish Group received the below.

**Registered Nurses can undertake a key worker role and be responsible for coordinating care and support for individuals:**

CWP response – currently CWP have 18 whole time vacancies across the Community Mental Health Teams of which 10 of these are related to Nursing posts.

Team Headcount Whole Time Equivalent  
 Adult CMHT Wallasey & West Wirral 45 38.87  
 Adult CMHT Birkenhead 44 38.11

Please note the vacancies are now at 8 and only 3 are qualified vacancies, average recruitment timeframe are 3 months from advert but this could extend depending on specialism.

**Access to local Crisis Beds which offer a less clinical setting away from home for people during crisis**

CWP response – CWP has recently increased the number of these beds across Wirral.

**Q: How many beds were there and how many are there now?**

CWP response - Originally 3 now it is 7, on-going discussion to retain 4 of the beds for 24/25.

**CWP is working with System Partners to develop a Mental Health Urgent Response Centre and a Business Case has been developed for an Urgent Response Centre.**

**Q: What size site would this need? What would be included in it?**

A mental health Urgent response centre would include facilities to undertake assessment. (including section 136 space), office space to enable the co-location of services to enhance joint working and better use of resources across partner organisations. To ensure that the clinical pathways are safe the facility needs to be sited on the same footprint as the acute hospital. The cost to build this facility is circa £12m or if existing estate is available circa £6m. The area is approx. 1100m<sup>2</sup> or 0.5 of an acre.

**ADULT SOCIAL CARE AND PUBLIC HEALTH MENTAL HEALTH TASK AND FINISH  
ATTENDEES  
24 MAY 2023**

Camphor, Ivan A. (Councillor) – Wirral Council  
Gilchrist, Phil N. (Councillor) – Wirral Council  
Grey, Elizabeth A. (Councillor) – Wirral Council  
Onwuemene, Amanda (Councillor) – Wirral Council  
Hodkinson, Graham R. – Wirral Council  
Oxley, Jason – Wirral Council  
Stephens, Jean- Wirral Council  
Shaw, Vicki L. (Wallasey Town Hall) – Wirral Council  
Suzanne Edwards - (Cheshire and Wirral Partnership NHS Foundation Trust)  
Hayley McGowan - (Cheshire and Wirral Partnership NHS Foundation Trust)  
Thiagarajan, Nagraj - (Cheshire and Wirral Partnership NHS Foundation Trust)

**Summary**

Members thanked officers for their honesty and their acknowledgement that things still needed improvement. They also appreciate the difficult tasks faced by the Cheshire Wirral Partnership, and the local and national picture around Mental Health Services. It was agreed by all in attendance that the issues surrounding Mental Health provision both in Wirral and nationally were profound. Officers agreed that all the concerns raised by Members were priorities which needed addressing and they were working towards achieving this. It was emphasised by all in attendance that a collective partnership is needed to make this work.